

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT



STATEMENT OF ECONOMIC INTEREST
RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE



Received

Please type or print in ink.

NAME OF FILER

(LAST)

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(FIRST)

(MIDDLE)

Brown

Valerie

Kent

1. Office, Agency, or Court

Agency Name

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment.

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☒ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

-or-

The period covered is _____, through December 31, 2011.

☐ Leaving Office: Date Left _____
(Check one)

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ The period covered is _____, through the date of leaving office.

☐ Assuming Office: Date assumed _____

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this

I certify under penalty of perjury under the laws of the State of California that

Date Signed

(month, day, year)

Signature

(c)(1)

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name Valerie K. Brown

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1491 Dawn Hill Road
CITY Glen Ellen, CA

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
____/____/11 ACQUIRED ____/____/11 DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining _____ Other _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
17319-21 Hillside
CITY Sonoma, CA

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
____/____/11 ACQUIRED ____/____/11 DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining _____ Other _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* Washington Mutual
ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE 5 3/4% ☐ None TERM (Months/Years) 15 yrs

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER* Aureva Loan Services
ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE 4 1/2% ☐ None TERM (Months/Years) 30 years

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

Comments: _____

SCHEDULE D Income - Gifts

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Valerie K. Brown

► NAME OF SOURCE
Sonoma State University
ADDRESS (Business Address Acceptable)
1301 East Cotati Ave
Point St, CA 94928-3609
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6/28/11</u>	<u>\$ 251.00</u>	<u>Annual Parking Pass</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE
Sonoma County Fair
ADDRESS (Business Address Acceptable)
PO Box 1536
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Santa Rosa, CA 95402

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7/28/11</u>	<u>\$ 104.00</u>	<u>Parking Pass</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE <u>CA State Assn. of Counties</u>	
ADDRESS (Business Address Acceptable) <u>1100 K Street, Ste 101</u>	
CITY AND STATE <u>Sacramento, CA 95814</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) <u>Advocacy for Counties & their residents</u> <input checked="" type="checkbox"/> (N)	
DATE(S): <u>1/1/11 - 12/31/11</u> AMT: \$ <u>1,305.29</u> (If gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input checked="" type="checkbox"/> Other - Provide Description <u>Travel, meals & lodging for volunteer service as a member of the board.</u>	

▶ NAME OF SOURCE <u>Same as above</u>	
ADDRESS (Business Address Acceptable) _____	
CITY AND STATE _____	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)	
DATE(S): <u>1/1/11 - 12/31/11</u> AMT: \$ <u>292.35</u> (If gift)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description _____	

▶ NAME OF SOURCE _____	
ADDRESS (Business Address Acceptable) _____	
CITY AND STATE _____	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)	
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ (If gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description _____	

▶ NAME OF SOURCE _____	
ADDRESS (Business Address Acceptable) _____	
CITY AND STATE _____	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)	
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ (If gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description _____	

Comments: _____

Attachment to California Form 700
Statements of Economic Interests
2011
Cover Page – continued

<u>Agency</u>	<u>Position</u>
SMART – Sonoma-Marina Area Rail Transit	Chair
Sonoma County Transportation Authority	Chair
Regional Climate Protection Authority	Director
Bay Conservation Development Commission	Commissioner
Sonoma County Indian Gaming Local Community Benefit Committee	Member
North Coast Air Pollution Control District	Alternate Member
Sonoma Valley Sanitation District	Director
Northern California Counties Tribal Consortium	Member